

Pat Barker
(703)305-3738

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.	FILING DATE	
						16044467		
						APPLICANT(S)		
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/					51		
2	/					52		
3	/					53		
4	/					54		
5	/					55		
6	/					56		
7	/					57		
8	/					58		
9	/					59		
10	/					60		
11	/					61		
12	/					62		
13	/					63		
14	/					64		
15	/					65		
16	/					66		
17	/					67		
18	/					68		
19	/					69		
20	/					70		
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25	/					75		
26	/					76		
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39						89		
40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.	16					TOTAL IND.		
TOTAL DEP.	16					TOTAL DEP.		
TOTAL CLAIMS	26					TOTAL CLAIMS		